

DEPARTMENT OF SAFETY & INSPECTIONS

FIRE PREVENTION DIVISION

375 Jackson St., Suite 220,

SAINT PAUL, MN 55101

(651)266-8951 – FAX NUMBER

EXISTING FUEL BURNING EQUIPMENT SAFETY TEST REPORT

(Use separate form for each appliance)

Address: _____ Date: _____

Owner: _____

TYPE OF HEAT:

Gravity Air _____ Forced Air _____ Gravity Hot Water _____ Forced Hot Water _____

Steam _____ Unit Heater _____ Space Heater _____ Other _____

TYPE OF FUEL: Gas _____ Oil _____ Other _____

GAS DESIGN

Make of Burner _____

Model _____

Serial _____

Input _____

CONVERSION

Make _____

Model _____

Max. BTU Rating _____

Make of Furnace _____

Equipment venting type: Atmospheric _____ Induced Fan _____ Other _____

Total BTU input of all vented gas appliances per chimney: _____

Type of Chimney: Masonry _____ Class B _____ Other _____

Type of Liner: None _____ Metal _____ Clay Tile _____

Combustible Air Supply Required?: Yes _____ No _____ Installed?: Yes _____ No _____

Safety & Operating Control Tests: Yes No **Fuel Analysis/Flue Gas Analysis:** Yes No

Pilot/Flame Safeguard Operating Properly _____ Vents Properly Without Spillage _____

Limit(s) Operating Properly _____ Flame Stays Inside/Doesn't Roll Out _____

Operator(s) Operating Properly _____ Burner Lights Smoothly _____

Low Water Cut-Off Operating Properly _____

All Controls Operating Properly _____

Initial **Final** **Visual Inspection** **Yes** **No**
Stack Temperature _____ F/Net _____ F/Net Fuel Piping System--Okay _____

Oxygen _____ % _____ % Vent Systems--Draffhood, _____

Carbon Dioxide _____ % _____ % Connector, Vent Chimney--Okay _____

Carbon Monoxide _____ %/ppm _____ %/ppm Heating Unit--Okay _____

Carbon Monoxide Detector (tube type) Positive _____ Negative _____

Look At Total Heating System Before You Leave:

Does system operate safely and properly? Yes _____ No _____

COMMENTS: _____

Name of Licensed Contractor: _____ Address _____ Phone # _____

Person Doing Test (Print) _____ (signature) _____

RESIDENTIAL HEATING

Chapter 34 of the Saint Paul Legislative Code, known as the "Housing Code," sets minimum standards for health and life safety for occupants of all residential property in Saint Paul.

Many owners have confused the legal dates of Xcel shut-off requirements (October to April) with the code requirement to provide heat. To clarify this specific requirement, please note that a building owner or manager is responsible to maintain the heat in a dwelling unit to 68 degrees five feet above the floor in any occupied room at any time, throughout the year. Failure to do so may result in enforcement action. The law does not allow tenants to remain in a dwelling that lacks basic services (heat, light, water).

Please cooperate with Fire Prevention efforts to maintain a high level of health and life safety for occupants of all Saint Paul rental property.

Chapter 34 (Revised January, 1993) provides for assurance of safe heating equipment by allowing the enforcement officers to require proof of current service of any heating or space heating facility by a licensed contractor. The documentation of the service must include a carbon monoxide reading. We have furnished you with a form (see back of this page) to furnish your service contractor. Please have the contractor fill out the form and return it to the inspector during the Certificate of Occupancy renewal inspection (or referral inspection if a problem is apparent). This will expedite the inspection process and help assure the safety of tenants and protection of your property.

**Department of Safety and Inspections
Fire Inspection Division**